DR 0137 (08/21/12)

COLORADO DEPARTMENT OF REVENUE
1375 Sherman Street
Denver CO 80261
(303) 238-SERV (7378)

## Claim For Refund

This claim for is for monies remitted directly to the Department of Revenue. (Do not use for income tax refund)

- For sales and use tax refunds requests please see FYI Sales 90 for instructions.
- For withholding refunds please see FYI Withholding 5 for instructions.
- Claims submitted without proper documentation will be denied.
- The vendor's fee, which was retained when the tax was remitted to the Department, will be deducted from all sales tax refund claims.
- If possible, instead of submitting a claim for refund to the Department, deduct the overpaid taxes on your next tax return or obtain the refund from the seller who collected the tax.
- Submit claim for each type of tax (e.g. state sales, RTD/CD/FD/RTA, city sales, county sales, etc.)
- Periods can be combined if consecutive for each type of tax.
- Submit white copy. Retain yellow copy for your records.
- Interest: If this refund qualifies for interest please provide the interest in the claim and an explanation of how the refund qualifies for interest. See FYI Sales 90 for more information.

| Refund to be made payable to, and ma  | number(s)             | (If this is different from the name and address on the Department records for the account number(s) used, provide explanation and notarized power of attorney specific to this refund claim for the action.) |                        |                          |
|---|-----------------------|--|------------------------|--------------------------|
| Taxpayer Name   |                       |  |                        |                          |
| Taxpayer DBA (if applicable)  |                       |  |                        |                          |
| Mailing Address   |                       |  |                        |                          |
| City  |                       | State  | ZIP                    |                          |
| Social Security Number  | FEIN (required)       |  |                        |                          |
| Colorado Department of Revenue Account Number   | Type of Tax           |  | Period (mo/yr - mo/yr) |                          |
| Original Amount Paid  | Correct Amount        |  | Refund Requested       |                          |
| Reason (Explanation of the reason for the refund reason)  | quest must be entered | nere.) All supporting doc  | umentation must be at  | itacned.                 |
| I declare under penalty of perjury in the knowledge true and correct.  Ifurther understand that the claim and docu of Revenue in auditing other taxes for three | mentation may be s    | subject to the same v  | erification process    | s used by the Department |
| Taxpayer Signature (this line must be signed by an o  |                       |  |                        |                          |
| Title   |                       |  | Telephone ( )          | Date                     |
| Signature of Preparer (if other than taxpayer)  |                       |  |                        |                          |
| Name of Firm  |                       |  | Telephone ( )          | Date                     |
|   | TMENT USE ONL         | Y. Do not write in   | this section.          |                          |
| Comments:   |                       |  |                        |                          |